

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Medical Assistance Administration
Olympia, Washington**

To: Outpatient Hospitals
Managed Care Plans

Memorandum No.: 03-104 MAA
Issued: December 31, 2003

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Contact:
1-800-562-6188

Subject: Outpatient Hospitals Updates: Year 2004 CPT and HCPCS* updates, Fee Schedule Additions, and Revenue Code Grid Corrections

Effective for dates of service on and after January 1, 2004, the Medical Assistance Administration (MAA) will begin using the Year 2004 CPT[™] and HCPCS Level II code updates as discussed in this memorandum. Maximum allowable fees for the Year 2004 new codes are added to the fee schedule. In addition, this memorandum serves to notify providers of corrections to the Revenue Code Grid in accordance with WAC 388-550-6000.

Maximum Allowable Fees

MAA used the following resources in determining the maximum allowable fees for the Year 2004:

- Year 2004 Medicare Physician Fee Schedule Data Base (MPFSDB) Relative value units;
- Year 2004 Washington State Medicare Laboratory Fee Schedule; and
- Current conversion factors.



Note: Due to its licensing agreement with the American Medical Association regarding the use of CPT codes and descriptions, MAA publishes only the official brief descriptions for all codes. Please refer to your current CPT book for full descriptions.

* CPT stands for Current Procedural Terminology
HCPCS stands for Healthcare Common Procedure Coding System

Synagis

Retroactive to dates of service on and after December 1, 2003, MAA increased the maximum allowable fee for Synagis:

CPT Code	Brief Description	12/01/03 Maximum Allowable Fee	Restrictions
90378	Respiratory syncytial virus immune globulin; intramuscular	\$623.63 (per 50 mg)	Prior authorization (PA) is not required for clients 11-months of age and younger from December 1 through April 30. PA is required for all other time periods and for all other age groups.

Laboratory

Stat Laboratory Changes

MAA has added new CPT and HCPCS laboratory codes **84157, 85396, G0306, and G0307** to those that may be billed with an additional stat charge.

Laboratory Panels Changes

The following **bolded** component tests were added to existing lab panels.

Lab Panels	Brief Description	Component Tests
80050	General Health Panel	80053, (85025 or 85027 and 85004) or (85007 or 85009)
80055	Obstetric Panel	(85025 or 85027 and 85004) or (85007 or 85009), 87340, 86762, 86592, 86850, 86900, 86901

Added Codes That Do Not Require Authorization

The following procedure codes have been added to MAA's outpatient hospital fee schedule and do not require authorization at this time:

Procedure Code	Brief Description
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0046T	Cath lavage, mammary duct(s)
0047T	Cath lavage, mammary duct(s)
75998	Fluoroguide for vein device
78804	Tumor imaging, whole body
84156	Assay of protein, urine
84157	Assay of protein, other
87269	Giardia ag, if
87329	Giardia ag, eia
87660	Trichomonas vagin, dir probe
88361	Immunohistochemistry, tumor
93012*	Transmission of ecg
93017	Cardiovascular stress test

Procedure Code	Brief Description
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A9525	Low/iso-osmolar contrast material
A9526	Ammonia N-13, per dose
A9528	Dx I131 so iodide cap millic
A9529	Dx I131 so iodide sol millic
A9531	Dx I131 so iodide microcurie
A9532	I-125 serum albumin micro
A9533	I-131 tositumomab diagnostic
A9534	I-131 tositumomab therapeutic
G0306	CBC/diffwbc w/o platelet
G0307	CBC without platelet
G0328	Fecal blood screen, immunoassay
Q3014**	Telehealth facility fee

Added Codes That Require Written/Fax Authorization

The following CPT codes have been added and require written/fax authorization:

Procedure Code	Brief Description
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0060T	Electrical impedance scan
76937	Us guide, vascular access
79403	Hematopoietic nuclear therapy

Procedure Code	Brief Description
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85055	Reticulated platelet assay
85396	Clotting assay, whole blood
88112	Cytopath, cell enhance tech

* Effective for dates of service on and after 8/1/2003

** Effective for dates of service on and after 9/1/2003

Added Codes That Require Expedited Prior Authorization

Please refer to MAA's Outpatient Hospital Billing Instructions, dated October 2000 for details on how to create an expedited prior authorization (EPA) number. The following CPT procedure codes have been added and require EPA:

Procedure Code	Brief Description	Last 3 Digits of the EPA Number
70557	MRI brain w/o dye	310
70558	MRI brain w/ dye	310
70559	MRI brain w/o & w/ dye	310
G0296	PET imge restag thyrod cancer	395

The following is the EPA criteria for the added procedure codes listed above:

Brain Magnetic Resonance Imaging (MRI)

CPT: 70557-70559

PET Scans

HCPCS codes: G0296

DX: 193.0

Code	Criteria
310	When done during an allowed or approved intracranial procedure

Code	Criteria
395	PET Imaging full and partial ring pet scanner only, for re-staging of previously treated thyroid cancer of follicular cell origin following negative I-131 whole body scan.

Deleted Codes

The following procedure codes are deleted and replaced as follows:

Deleted Procedure Code	Replacement Procedure Code	Brief Description
0025T	76514	Echo exam of eye, thickness
76085	76082	Computer mammogram Add-on
76085	76083	Computer mammogram Add-on
76490	76940	US guide, tissue ablation
89350	89220	Sputum specimen collection
89355	89225	Starch granules, feces
89360	89230	Collect sweat for test
89365	89235	Water load test
A9518	A9530	Th I131 so iodide sol millic
A4644	No Replacement	N/A
A4645	No Replacement	N/A
A4646	No Replacement	N/A
G0236	No Replacement	N/A
G0256	No Replacement	N/A
G0261	No Replacement	N/A
G0262	No Replacement	N/A
G0273	No Replacement	N/A
G0274	No Replacement	N/A

Fee Schedule

Maximum allowable fees for the year 2004 additions are included in the January 2004 Outpatient Hospital Fee Schedule.

The updated fee schedule, the updated revenue code grid, and this memo are available electronically on MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).

Revenue Code Corrections

- Revenue codes 0482 and 0483: an "F" has been placed in the "OP" column, and services will be reimbursed using the fee schedule methodology.
- Revenue code 0618:
 - ✓ An "F" has been placed in the "OP" column;
 - ✓ The "N" in the "IP" column has been changed to a "Y";
 - ✓ An "O" has been placed in the "OP Proc Code REQ" column; and
 - ✓ Services will be reimbursed using the fee schedule methodology.